Use this form for gener Do not use this form to	ral report and committee is o update information	nformatic	on, must be sig	gned and subi	mitted along with o	other deta	ailed forms.	
1. Committee Informa								
a. Full Name						c. ID	Number	
Amanda Faulkenberry		JJMVB6						
b. Mailing Address (include	d. Da	te Filed						
519 Picketts Circle Indian Trail, NC 28079	<i>'</i> 9						10/3/17	
						e. Pho	one Number	
							704-289-1055	
2. Report Year 3.	. Period Start Date (mm/d	ld/yy)	4. Period End (mm/dd/yy)	d Date	5. Treasurer Fu			
2017	07/17/2017		09/26/2	2017	Amanda Faulker	nberry		
6. Type of Committee			e of Report		ly one type of repo	***************************************		
Candidate Campaign		Municipa		State/Co		Refer	endum	
PAC Independent	Referendum	1	Organizational		Organizational		Organizational	
Expenditure Legal Expense Fund	Joint Fundraiser	🔯 1	Thirty-five day		Quarterly		Pre-referendum	
management to the contract of the first of the contract of the	(if applicable, check one)		Pre-primary		First		Final	
Booster Fund"		<u> </u>	Pre-election		Second		Supplemental Final	
Building Fund			Pre-runoff		Third		Annual	
			Semi-annual Mid Year		Fourth		Special	
Other:			Mid Year Year End		Semi-annual Mid Year	10.5	pecial Report Name	
L_1 0		片 ,	Final		Year End	J. U. U	peciai Report Ivame	
8. Number of Fundrai	isers this Report	1 ==	Special	☐ F	inal			
	0	_	-	□ s	Special			
11. Account Informati			11	1. Account I	nformation			
a. Financial Institution Full	l Name	35503.50000		23/20/20/20/20/20/20/20/20/20/20/20/20/20/	tution Full Name	25000 000000000000000000000000000000000		
BB&T					DECEN	/ P*** P**		
b. Purpose	c. Account Code	***************************************	b.	. Purpose	HEUEIN	ヘ 下する	ecount Code	
Campaign Expenses	01				OCT 03 2	2017		
	d. Period Begin Balance				d. Pe	eriod Begin Balance		
	\$ 0			Union Co. Board of El			}	
	3 V							
CERTIFICATION		1:14 1011	HIN HINE					
the NC General Statutes	nittee or Fund is in compliants and that no funds are contract and that I have been	mmingled	d with prohibit	ted or other n	on-disclosed fund:			
Amanda Faulk	kenberry		Mmane	ta faw	Kinberry	, 10	7/3/17	
 	Printed Name of Signer		Signa	ature of Appointe	ed Treasurer		Date	
FOR OFFICE USE ONL	LY					Dalivar	- Mathad	
Date Received:		F	Employee:				<u>y Method</u> Iormal Mail	
Date Postmarked:		F	Employee:				Legistered Mail Iand Delivered	
Date Scanned:		I	Employee:				lectronically Filed Signer has not received	
Date Data Entered:	•	I.	Employee:			m	nandatory training	
Please Note: This fo	form cannot be used to amo		mittee informa			ress, treas	surer, assistant treasurer,	

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Disclosure Report Cover

Amendment

Amendment Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Amanda Faulkenberry for Indian Trail Council	35 day report		JJMVB6
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 1,300.00	\$ 1,300.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	IId and 11e)	\$ 1,300.00	\$ 1,300.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,254.84	\$ 1,254.84
13b) Contributions to Candidates/Political Committ	ees <i>(CRO-1310)</i>	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1,254.84	\$ 1,254.84
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 45.16	\$ 45,16
ADDITIONAL INFORMATION			/NEW 1
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0 (CEIVED
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$ 0	OCT 0 3 2017
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0 Unior	Co Board of Elections
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ O	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0
	(~~~~ ****/		

•		m Individuals		P		1_	Amendmen Yes		
		ividual contributions of) or contributions un	der \$50 if form CRO	·			
1. Comm	iittee Full Name ((and Fund if applical	ble)			2. ID Num	ber		
Amanda !	Faulkenberry for l	Indina Trail Council					JJMVB6		
	ibutor Informatio				emove				
and the second section .	me, Mailing Address d	& Phone		b. Job Title/Professio		1	d. Comments		
************	city, state, & zip)			SR System Analy	/st	Candidate			
	Faulkenberry etts Circle			c. Employer's Name/S	Cnasific Kield		•		
	rail, NC 28079			Blue Cross Blue S					
704-298-	•					e. Election Su	am to Date		
f, Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	01	Check		***************************************	7/18/20	117	\$	100.00	
	01	Check			8/8/20	17	\$	200.00	
	02	Check			9/6/20	01	\$	700.00	
3. Contri	ibutor Informatio	on		Add 🔲 Re	emove				
化二氯甲基甲基苯基甲基甲基甲基	ne, Mailing Address d	& Phone		b. Job Title/Professio	n	d. Comments	3		
	city, state, & zip)			4]				
Amanda i	Faulkenberry - cor	ntinued		c. Employer's Name/S	Specific Rield				
				C Employer o Hankers	special Picto				
					e. Election Su	ım to Date			
<u> </u>						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy)	уу)	k. Amount		
	01	Check		· ····	9/19/20	17	\$	300.00	
							\$		
				<u> </u>			\$	-	
3. Contri	ibutor Informatic	on		Add 🗌 Re	emove				
100 100 100 100 100 100 100 100 100 100	ne, Mailing Address é	& Phone		b. Job Title/Profession	n	d. Comments	CEN	/ED	
(include c	city, state, & zip)	***************************************	- The Carlot	4					
				c. Employer's Name/S	OCT 0 3 2017				
!						Union Co. Board of Election Sum to Date		Elections	
									
f. Prior	g. Account Code	h. Form of Payment	i In-I	Kind Description	j. Date (mm/dd/yy)	\$	k. Amount	e, a de la faction d'	
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		 	+						
				WELL II			\$		
Ш						3	\$	<u> </u>	
adaptivismisteressimistation	l only this Page					\$		1,300.00	
	l of ALL CRO)-1210 Pages	PO 1100			\$		1,300.00	

Amendment

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 1. Consumers 1. Committee Full Name (and Fund if applicable) 1. Type of Dibbursement (Please ties expenses (RO-1519 forms for each type of Dibbursement) 2. Operating Expenses Conditional Consultations (RO-1519 forms for each type of Dibbursement) 3. Type of Dibbursement (Please ties expenses (RO-1519 forms for each type of Dibbursement) 4. Payer Enformation Add Rentive 4. Payer Information Add Rentive 5. Payer and type of Dibbursement Consultation 6. Consultation Consultation 7. Payer and type of Dibbursement Consultation 8. Payer Information Add Rentive 8. Application Consultation 8. Consultation Consultation 8. Consultation Consultation 8. Consultation Consultation 8. Caronal Code Part of Payment Payer Code 9. Form of Payment Payer Code Dibbursement Consultation 9. Add Rentive 9. Announce Rentire 9. Add Rentive 9. Add Ren	Disbursem	ents			Pg	1	of ;	2 Yes No
				ee f	or; operating expenses	, contributi	ons to c	andidate/political
Amanda Faulksuberry of Indian Trail Council								2. ID Number
Style of Dishurseninal Prince to execute CRU 110 fatures for each type of Dishursentents Condition Condi								
A. Payee Information	3. Type of Disb	ursement <u>(Plea</u>	ise use separate C	RO	-1310 forms for each	type of Dis	bursem	ent.)
n. Pall Name, Melling Address & Phose (meduale Cot, state, & 2rg) C. Level Registered Speciely Sign Painters	Operating E	Expenses	Contributions to Car	ndida	ates/Political Committees] Сю	ordinated Party Expenditures
From State				mpepala pou		APPROXIMATION OF THE PARTY OF T		
Sign Masters C. Level Registered (Specify) Goodly: C. Election Sum to Date C. Election Sum to Election C. Election Sum to Election C.				b.	Coordinated Committee N	lame	124341	u. Comments
S. Level Registered (Specify) County County State Municipality: C. Election Sum to Date		& zip)		-				Sign printer
Morntoo, NC 28112 State Municipality County State Municipality State Municipality County State Municipality County State Municipality State Municipality State Municipality County State Municipality State Stat	_	.		C	Level Registered (Specify)	115 5,245	N. S. Servi	
State Municipality: e. Election Sum to Date	•							-
Account Code g. Form of Payment h. Purpose Code h. Date (mm/dd/yyyy) j. Amount k. Required Remarks					State 🖂	Municipa	lity:	e. Election Sum to Date
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Debit card B O9/12/2017 \$437.68 Campaign Road Signs	f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/vvvv)	i. Amoun	t in the	k. Required Remarks
Signs Sign							··· · · · · · · · · · · · · · · · · ·	
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Matthenvs, NC 704/821/4500 State Municipality: e. Election Sum to Date	_	rinting						<u></u>
State Municipality: e. Election Sum to Date \$ 775.01		-		c.				Printer
S 775.01 6. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 01 Debit Card B 08/14/2017 \$93.94 01 Debit Card B 09/19/2017 \$388.57 Campaign Postcards 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Paper & INC Printing continued c. Level Registered (Specify) Federal County: State Municipality: C. Level Registered (Specify) Federal County: State Municipality: C. Level Registered (Specify) Federal County: State Municipality: S 6. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 01 Debit Card B 09/21/2017 \$292.50 Campaign Postcards(2nd) 5. Total only this Page S 1,212.69 6. Total of ALL CRO-1310 Pages. (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Countib to Candidates/Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Countib to Candidates/Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) 8 - Printing C* Fundraising D - To Another Candidate 8 - Printing C* Fundraising D - To Another Candidate 8 - Printing C* Fundraising D - To Another Candidate 8 - Political Party 8 - Political Party 9 - Ponation to Legal Expense Fund	· · · · · · · · · · · · · · · · · · ·	;		-		•	lite	a Flastian Sum to Data
Second Code Remove Remov	/04/821/4300			+		Municipa	iity.	
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5. Total only this Page 5. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A*-Media B*-Printing C*-Fundraising D-To Another Candidate F*-Equipment G-Political Party H*-Holding Public Office Expenses I-Postage J-Penalties K*-Office Expenses Q*-Donation to Legal Expense Fund	f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amoun	ŧ	k. Required Remarks
5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A*-Media B*-Printing C*-Fundraising D-To Another Candidate E - Salaries F*-Equipment G-Political Party H*-Holding Public Office Expenses I - Postage J - Penalties K*-Office Expenses Q*-Donation to Legal Expense Fund O*-Other	01	Debit Card	В		09/21/2017	\$292.50	1	1
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I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other								
	I - Postage							
		ra datailad avalamat	ion in required r	em.	orke field (b)			

Amendment

O1 Acct Debit O 8/14/2017 \$5.00 Bank Account Fee O1 Acct Debit O 9/14/2017 \$5.00 Bank Account Fee At Payee Information	Disburseme				e <u>2</u>		2	Amendment Yes		No	
Committee Full Name (and Fund Eapplicable) 2. ID Number				ee for; operating expens	ses, co	ntributions (to candida	ite/political			
Amanda Faulkenberry for Indian Trail Council Age Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								2 ID Number			
A Type of Disbursement Please ase separate CRO-1310 forms for each type of Disbursement. Contributions to Candidates Political Committees								A			
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H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

D - To Another Candidate

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6. Total of ALL CRO-1310 Pages

A* - Media

E - Salaries

I - Postage

O* - Other

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing

J - Penalties

F* - Equipment

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

C* - Fundraising

G - Political Party

K* - Office Expenses